ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Alg.		· 6/6/10
O.I.P.E. CLASSIFIER	7	4_	6/12/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			1
		71471	8/4

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	iInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

BEST AVAILABLE COPY

÷nestricted 0						
Claim Date	Claim	Date	Claim	Date		
Final Original 4/1/03	Final		Final Original			
-km/ / / /	51		101			
- 2	52		102			
	53		103			
4	54		104			
15	55		105			
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8	58					
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CL CL

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non liscl

here 3. Pa

If more than 150 claims or 10 actions staple additional sheet here

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